Volenski, Dina

From: Jeran Ulrich < Jeran. Ulrich@cityofwoodland.org>

Sent: Thursday, February 07, 2019 8:00 AM

To: Will, Gina

Subject: RE: EMMA Reimbursement_Document Request

Attachments: EMMA Town of Paradis MOA- SIGNED.pdf; FEMA_Cost_Summary_Worksheets.xlsx; Richter

ICS 214's.pdf; Resource Request-Richter PlO.pdf

Hello Gina,

Attached is a copy of the signed MOA, FEMA cost worksheet, Resource Request and the ICS 214's for Emily Richter who was deployed to the Camp Fire as a PIO from 11/13-19/2018. Hard copies will be going out in the mail today.

Please let me know if any additional documentation is required.

Thank you, Jeran

Jeran Ulrich



Management Analyst, Woodland Fire Department

Address 1000 Lincoln Ave Woodland, CA 95695

Phone 530-661-5875 Fax 530-662-5781

Email jeran.ulrich@cityofwoodland.org

Website www.woodlandfire.org



From: Will, Gina <gwill@townofparadise.com> Sent: Tuesday, January 22, 2019 5:00 PM

To: bjonson@cityofwestsacramento.org; Brentt Blaser < Brentt.Blaser@sonoma-county.org>; Cantelmes@sacoes.org

<Cantelmes@sacoes.org>; carriecruz@oes.sbccounty.gov <carriecruz@oes.sbccounty.gov>;

clairec@cityofwestsacramento.org <clairec@cityofwestsacramento.org>; dlanni@do.humboldt.ca.us

<dlanni@do.humboldt.ca.us>; Elizabeth.Bessman@sfgov.org <Elizabeth.Bessman@sfgov.org>; flynnm@sacoes.org

<flynnm@sacoes.org>; garmstrong@kerncountyfire.org <garmstrong@kerncountyfire.org>;

Jay.McAmis@oes.sccgov.org < Jay.McAmis@oes.sccgov.org >; jennifer.lee@yolocounty.org

<jennifer.lee@yolocounty.org>; Jeran Ulrich <Jeran.Ulrich@cityofwoodland.org>; jgulserian@co.nevada.ca.us

<jgulserian@co.nevada.ca.us>; manderson@ocsd.org <manderson@ocsd.org>; RAnderson@cityofsantacruz.com

<RAnderson@cityofsantacruz.com>; Robyn.Rains@solanocounty.org <Robyn.Rains@solanocounty.org>;

tlangdon@acgov.org <tlangdon@acgov.org>; Tmeister@co.monterey.ca.us <Tmeister@co.monterey.ca.us>

Subject: EMMA Reimbursement_Document Request

Good Afternoon.

We would like to thank you and the personnel from your jurisdiction for providing assistance to the Town of Paradise Emergency Operations Center during the 2018 Camp Fire. We sincerely apologize for the delayed email.

We are currently working with Cal-OES and FEMA to develop our Public Assistance claim. As you may know, EMMA personnel are eligible for reimbursement under the State of California Emergency Management Mutual Aid Plan

(EMMA). The following documents are required for reimbursement under EMMA. We would really appreciate if you could submit the required documents to Gina Will via gwill@townofparadise.com by Mach 15, 2019.

1) Attached is the Memorandum of Agreement (MOA). Please review and email a soft copy of the signed agreement to Gina Will via gwill@townofparadise.com, and mail two hard copies of the signed agreement to:

Gina Will, Administrative Services Director

5555 Skyway,

Paradise, CA 95969

We will return a signed and executed agreement for your records.

gwill@townofparadise.com

2)	Please have the staff deployed to our EOC provide the following required documentation. We may have received the following documents earlier. However, if possible, please resend them to help us maintain a complete record.
	☐ EMMA Form 1A and 1B – EMMA Resource Request with EMMA request number
	and Assignment 1B provides candidate information (Usually all one form packet.
	☐ EMMA Form 3 – Voluntary Performance Rating (optional);
	☐ EMMA Form 4 – Exit Survey;
	☐ EMMA Form 5 – Individual Demobilization Checkout);
	☐ ICS 226 – Personnel Performance Rating used for Cal OES Credentialing (optional);
	☐ Individual Activity Logs (ICS 214) per operational period;
	☐ Timesheets tracking hours worked by operational period (inclusive of payment vouchers and general ledgers);
	Transportation and/or other receipts such as: meals, lodging, mileage, rentals, etc.
3)	Please fill out the attached Excel Spreadsheet titled: FEMA_Cost_Summary_Worksheets.
	This Excel File will help to streamline the tracking and reporting of costs for reimbursement.
If y	ou have any questions, please contact: Gina Will via gwill@townofparadise.com
Aga	ain, the Town of Paradise thanks you for your assistance.
Re _{	gards, na
Ad To 55 Pa	na S. Will ministrative Services Director/Town Treasurer wn of Paradise 55 Skyway radise, CA 95969-4931 30) 872-6291 ext 119

PRE/POST-EVENT AGREEMENT

MEMORANDUM OF AGREEMENT (MOA) BETWEEN THE CITY OF WOODLAND (*PROVIDING*AGENCY/JURISDICTION) AND THE TOWN OF PARADISE PERTAINING TO ASSISTANCE PROVIDED UNDER THE

EMERGENCY MANAGEMENT MUTUAL AID (EMMA) PLAN

NOTE: Use of such an agreement does not guarantee state or federal reimbursement.

WHEREAS, this event and associated conditions will collectively be referred to as the Camp Fire; and

WHEREAS, on November 08, 2018, this declared emergency event consists of fire and damages associated with response; and

WHEREAS, the following extreme conditions existed including, unpredictable winds, low humidity and drought which aided the Camp Fire that has swept through the Town of Paradise killing at least 88 people, burning thousands of acres, and destroying thousands of homes and businesses, power poles, public buildings and infrastructure, public safety communications and telephone lines; and

WHEREAS, on November 08, 2018 the Federal Emergency Management Agency (FEMA) announced that federal disaster assistance has been made available to the state of California to supplement local response and recovery efforts in the areas affected by wildfires and the associated; and

WHEREAS, the Emergency Management Mutual Aid Plan delineates the current state policy concerning Emergency Management Mutual Aid; and

WHEREAS, the Emergency Management Mutual Aid Plan describes the standard procedures used to acquire emergency management mutual aid resources and the method to ensure coordination of emergency management mutual aid planning and readiness; and

WHEREAS, the city emergency manager is the Operational Area Emergency Management Mutual Aid Coordinator; and

WHEREAS, Emergency Management Mutual Aid Plan provides, in pertinent part, "When an emergency develops or appears to be developing which cannot be resolved by emergency management resources within an Operational Area, it is the responsibility of the Operational Area Mutual Aid Coordinator to provide assistance and coordination to control the problem;" and

WHEREAS, the Emergency Management Mutual Aid Plan provides, in pertinent part, "A request for emergency management mutual aid requires the approval of an authorized official of the requesting jurisdiction;" and

WHEREAS, the Emergency Operations Director of the Town of Paradise requested the mutual aid assistance of the City of Woodland (Providing Agency/Jurisdiction), pursuant to the Emergency Management Mutual Aid Plan to provide emergency management support in connection with the Camp Fire; and

WHEREAS, the City of Woodland (Providing Agency/Jurisdiction) provided emergency management mutual aid consisting of emergency management personnel, equipment, and/or materials from November 13-19, 2018 to assist with emergency management services in connection with the Camp Fire; and (Rev. 2/27/13)

PRE/POST-EVENT AGREEMENT

WHEREAS, the City of Woodland (Providing Agency/Jurisdiction) agrees to document all of its mutual aid assistance costs related to the Camp Fire as attachments to this MOA and submit to the Town of Paradise as soon as practicable;

NOW, THEREFORE, IT IS HEREBY AGREED by and between the Town of Paradise and <u>the City of Woodland</u> (*Providing Agency/Jurisdiction*) that the Town of Paradise shall reimburse all reasonable costs associated with <u>the City of Woodland's</u> (*Providing Agency/Jurisdiction*) emergency management mutual aid assistance during the Camp Fire.

Providing Jurisdiction	Providing Agency (If different from
Ву	Ву
(Signature)	(Signature)
Name: Rebecca Ramirez	Name:
Title: Fire Chief	Title:
County: Yolo	Agency:
Date: 2/4/2019	Date:
Requesting Jurisdiction	
Ву	
(Signature)	
Name: Lauren Gill	
Title: EOC Director	
City: Town of Paradise	

DEFINITIONS

Date:

Authorized Official: A person with expressed authority by a legal governing body to request resources, authorize purchases, and/or enter into contracts on behalf of a Requesting or Providing Jurisdiction during an emergency.

EMMA Resource: A person with a combination of training, experience and credentials that would serve in an ICS position, either in the field or an EOC, or as a technical specialist during an emergency response.

Operational Area (OA): An intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county area.

Providing Agency/Jurisdiction: The government entity providing EMMA resources. The different levels of providing jurisdictions include providing local jurisdiction, providing OA and providing region.

Requesting Jurisdiction: The government entity requesting EMMA resources. The different levels of requesting jurisdictions include requesting local jurisdiction, requesting OA and requesting region.

(Rev. 2/27/13)

Providing Jurisdiction)

Applicant	cant		FEMA ID	FEMA Disaster #	# Md
City of Woodland	oodland				
Location/Site	GPS N	GPS W	CDAA ID	CDAA Disaster#	Category
	Des	cription of W	Description of Work Performed:		
PIO for Camp Fire					
	Hours	Costs		Comments	
Force Account Labor: Regular Time	32.00	\$2,682.24			
Force Account Labor: Overtime	111.00	\$9,773.55	oaid for 24 shifts, po	\$9,773.55 paid for 24 shifts, portal to portal per MOU	
Force Account Equipment	13.02	\$286.44			
Force Account Material		\$0.00			
Rental Equipment		\$0.00			
Travel		\$0.00			
Contracts		\$0.00			
Total	156.02	\$12,742.23			

Original submitted; copy lost ACTIVITY LOG (ICS 214) - rewritten

1. Incident Name:	PRE	2. Operational Period: Date Fro	om: 11/13/16 Date To: 11/14/18 om: 0400 Time To: 0600
3. Name: EMILY	RICHTER	4. ICS Position:	5. Home Agency (and Unit): WOODLAND FIRE
6. Resources Assi			1 MOODING LIKE
Nar	me	ICS Position	Home Agency (and Unit)
7. Activity Log:			
Date/Time 1000 1100 1400 1730 1900	Notable Activities Arrived Catch Falking Social Ops F	at EOC - Paradis D - p to inciden + - points prep media review Briefing EOC 9	
	Drive J	nme_ 100 min	· .
Prepared by: Nam CS 214, Page 1	ie: E. Picht	Position/Title: BC/FM Date/Time: 1/13/19)	Signature: Earn fruit

	Time	2. Operational Period: Date From: 11/14/16 Date To: 11/15/19 Time From: 0700 Time To: 0700		
3. Name:	4. ICS Position:	10m. 0700 1me 10: 0700		
9 MILY PYLLEY	P10 -90C	5. Home Agency (and Unit):		
6. Resources Assigned:	F10 - 20C	WOODLAND FIRE DEP		
Name •	100.0			
Ivaille "	ICS Position	Home Agency (and Unit)		
		·		
7. Activity Log:				
Date/Time Notable Activities	es			
0700 Operation	nal Briting			
0730 TALLING		1 11 12 1 2 2 2 1		
OPEO COOKDIN		WIMPDIATRAILER		
1167 0 1110	DEDIATION EFFOR	MAYORS GOVERNORVIS		
1.1				
14004500 B-LIN	WICCI	ING INFO COORDINAT		
	COURDINATION RE NOR	ouries		
16-1800 RESCH	ARCH REGARDING MED	IA, COMMUNITY EFFORTS		
		·		
	Day Jim In			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Drive Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Drive Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
	Dave Tim 100 min			
8. Prepared by: Name: F. C.C.		A		
8. Prepared by: Name: £, £,C#	DAVL TIM 100 min TER Position/Title: BC/FN Date/Time: 11/14/18	1 Signature: EMM		

1	CAMP FIRE		2. Operational Period: Date Front Time Front Programme Time Front Progra		To: 6(00)
	3. Name: PMILY TRICHTER	4.10	CS Position:	5. Home Agency (a	nd Unit):
	6. Resources Assigned:		1000	LWOODUN	ND FIRE
	Name		ICS Position	Home Agency	y (and Unit)
	,				
	7. Activity Log:				
115	Date/Time Notable Activiti		/ 10		
٦. ١	0700 005	Check	efina:		
	0930 Jic (non	inatten		
	0900-1000 310	TRAI resec	LER: MEETING		
	1000 1200 COMM	ME SCO	media comincista	1 ter Storing	- 50C
ŀ	1200-1400 010		nation wolfer.	& WIREQU	W.
	17-00-170 press	Voce	rease coordination	n w/ UIC	
-	1900-? - Tun		rll Mta		
-					
)nve	time low min		
			The tea title		
-					
-					
-					
	S. Prepared by: Name:RICK CS 214, Page 1		Position/Title: BC/FM	_Signature: Ava	
	, raye r		Date/Time: 11/15/18	\mathcal{O}	

1. Incident Name: CAMPFIRE-TOWN	2. Operational Period: Date Fr	om: 11/16/19 Date To:
3. Name:	4. ICS Position:	om:\\// 0// Time To:
EMILY PICHTER	P10-11C	5. Home Agency (and Unit)
6. Resources Assigned:		THE THAT IS IN THE
Name ·	ICS Position	Home Agency (and Unit)
		geney (and emit)
7. Activity Log:		
Date/Time Notable Activities		
0630 1100	Neck-W	
0700 Ops	briefina	
OCC IAP	review	
0900 2088	erch - lagest Acticle	26
KOORD THRU COSSO	COMPANDE ON LAC.	check-in/drop off
1100 pca	nures	CHE TITTODOTA
VLOO EOC	CRECK-IN	
1300		
THIS & CLOOLD!	NATION W/ VIC	
1530 1	· A	
1700	oci dinatin	
1700 800	Checkin, Vigil Plan	ning
18000 11010		
1500 11011 (31	anning	
The state of the s		
DVIVE	Time 100 min	
	, "	
	, "	
Prepared by: Name: E. RICH	Mich III - De Deles	by
S 214, Page 1	Position/Title: BRC/FM	_Signature M
O E 14, Fage 1	Date/Time:	

EOC UNIT LOG	1. Event Name CAMPERE 2. Date Prepa	
4. Section Name	5. Unit Leader / Section Chief	110 1800
		6. Operational Period
7 Roster for Assigned EOC Branch Pen		11/17/18/0600 -11/18/1
Name		
	Position	Department / Agency
Emily Richder	710 -310	WOODLANDFIRE
		WOODENIODI IN
		1
Section I Unit Activity Log		
Time '	Major Even	ts
07700-V800 JIC		
0000 TEAPLIN		
0730 005	BUFFING	
10-11. VIG	WPLED !	
11-1300 (000	DINATION WI PAST	22015 2D
3-1700 (000	FINATION MILLY	
700-1600 ORDAT		DINATION
		010211010
	Drive ting 100 m	IN .
	-	
	1	

original submitted > copy lost

ACTIVITY LOG (ICS 214) rewritten

1. Incident Name	FIRE	2. Operational Period: Date Time	From: From:	Date To: Time To:
3. Name:		4. ICS Position: 5. Home A		Agency (and Unit):
. Resources As	signed:			
Ni	ame	ICS Position	H	lome Agency (and Unit)
Activity Log:	N. A. E. A. C. C.			
Date/Time	Notable Activitie	S DORFON		
0630	Fino 7	OC & Poradisp		
	Vigil	prep; coordinet	Pwl	
	Parch	se School Trons		
	TACOI	of ochool hope	genat	icr)
1430	Arrive	at drumn		
	Vigil			
920	U			
100				
		Drive time loo min		
	G 0 1			
repared by: Na 214, Page 1	me: E. G.V	Position/Title: R/FM Date/Time: W18/19	Signati	ire: Zi Nif

1. Incident Name		2. Operational Period: Date Fro	om: 11/19/10 Date To: 0000	
Camp Fire	Paradise EUX	Time Fro	om:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
3. Name:		CS Position:	5. Home Agency (and Unit):	
Emily	Kichter	710	L WYDOOLAND ?	
6. Resources Ass	signed:			
Na	ame	ICS Position	Home Agency (and Unit)	
7. Activity Log:				
Date/Time	Notable Activities			
0900	ARRIVE SI	DC ,	Λ (
0830	REGRETATION	-SOCIAL M	loid	
913() 90(10)PS pre-tind				
1030	EAIN PEADY PREP US RESEARCH			
1130				
- V				
1300	1.00			
1315	LEAVE -	O BUTTE COUNT	Y EOC	
V	12:000	C(D)	0.50013	
1846	BUTTE	COUNTY PAIN		
1075	News	S RELEASE CE	odedination	
		Jones France 1520		
		True time 150 m		
			,	
			:	
			——————————————————————————————————————	
Prepared by: Nar	ne: E. Richter	Position/Title: FM/BC	Signature: En MA	
S 214, Page 1	3-1-3-1111	Date/Time: 11 / 19	/18	
,3-,		Dato/fille. (C//C		

EMMA

Incident: Master View - 2018 November Statewide Wildfires

Back

Add Response

Print PDF

Alt Phone:

Alt Phone:

EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3263

Incident Name: 2018 November Wildfires Request Date / Time: 11/12/2018 17:44:53

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Town of Paradise Name: 24 Hours Phone Number: 530-917-7618

EMMA Coordinator / Primary
Marc Mattox

Point of Contact: Position / Title: EOC Director

Phone:

Fax: E-Mail: marcmattox.pe@gmail.com Alternate Point of Contact: Kate Anderson

Position / Title: Logs Chief Phone: Fax: E-Mail:

Resource Requested

Position: FILLED - PIO

Quantity:

Start Date/Time: 11/13/2018 08:00:00 End Date/Time: 11/25/2018 19:00:00

Shift: Day Security Clearance: No

Tasks to be performed: Public Information.

Any special skills / certifications / licenses / credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Laptop and cell phone. Video and/or livestream if available). EMMA ordered via post-event MOU/MOA

Check-in Location Information

Check-in Location Address: 901 Fir St. Chico Latitude / Longitude: 27.886386 / -80.517367 24 Hour Phone Number: 530-917-7618

No

Point of Contact Name: Kate Anderson Point of Contact Title: Logs Chief

Cell Phone:

E-Mail: kateanderson1@hotmail.com

Expected Working Conditions

Special health or

environmental concerns in Fire is still active. See CalFire sit rep for Camp incident.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / transportation instructions:

Providing Jurisdiction Information

Providing Jurisdiction Name: Yolo 5304008203 24 Hour Phone Number:

PRIMARY Point of Contact Dana Carey

Name:

Position / Title: **Emergency Manager** Fax:

Phone: 5304008203

Alt Phone

E-Mail: dana.carey@yolocounty.org

Alternate Point of Contact

EMMA Coordinator /

(Optional):

Position / Title: **Emergency Planner** Phone: 5308673025

Alt Phone:

E-Mail: david.block@yolocounty.org

Fax: EMMA Resource Candidate

Edit Response

Name: Emily Richter Cell: 5304056539 Alt Phone: Available for the period specified in the corresponding E-Mail: emily.richter@cityofwoodland.org EMMA Form 1A? Able to perform requested Yes

Security Clearance (If applicable)? tasks? Equipment needed for Has been made aware of the expected Yes deployment is available? working conditions? Experience / EOC Position

Credentials: Special Skills / Certifications / Licenses: Originating Location (City Woodland and County):

required: **Emergency Contact Name:** Relationship: Cell Phone:

Providing Jurisdiction Information Providing Jurisdiction Name: Sacramento 24 Hour Phone Number: EMMA Coordinator / PRIMARY Point of Contact Flynn, Mary Jo Name: Sacramento - OP AREA -Position / Title: Phone: 916-508-5131 Alt Phone: LOG Section Chief Fax: E-Mail: flynnm@sacoes.org Alternate Point of Contact Matthew Hawkins (Optional): Position / Title: Phone: 916-545-4117 Alt Phone: Fax: E-Mail: hawkins@sacoes.org EMMA Resource Candidate This Candidate has been Accepted. Name: Janna Haynes Cell: 916-661-1950 Alt Phone: Available for the period specified in the corresponding E-Mail: EMMA Form 1A? Able to perform requested

Alt Phone:

Yes Security Clearance (If applicable)? tasks? Equipment needed for Has been made aware of the expected Yes deployment is available? working conditions?

Experience / EOC Position Credentials:

Special Skills / Certifications / Licenses: Originating Location (City Sacramento County and County):

Special accommodations required: **Emergency Contact Name:**

Relationship: Cell Phone: Alt Phone:

Additional Comments **NOTE** Availability through Saturday, November 17

Providing Jurisdiction Information

Providing Jurisdiction Name: Sonoma

2

24 Hour Phone Number: EMMA Coordinator /

Estimated travel time to

check-in location:

Estimated travel time to

check-in location: Special accommodations

Additional Comments

5 hours

PRIMARY Point of Contact Sam Wallis Name:

Sonoma - OP AREA - LOG

Position / Title: Phone: 7076878724 Alt Phone: Section Chief

Fax: E-Mail: sam.wallis@sonoma-county.org

Alternate Point of Contact (Optional):

Position / Title: Phone: Alt Phone: Fax: E-Mail:

EMMA Resource Candidate

☑ This Candidate has been Accepted. Name: Jacob Bayless Cell: 707-714-7184

Alt Phone: Available for the period specified in the corresponding E-Mail: Jbayless@srcity.org EMMA Form 1A?

Able to perform requested Yes Security Clearance (If applicable)? tasks?

Equipment needed for deployment is available? Experience / EOC Position

Yes

Has been made aware of the expected working conditions?

Credentials: Special Skills /

Certifications / Licenses: Originating Location (City

Santa Rosa, Sonoma County

and County): Estimated travel time to check-in location:

4 hours

required:

Special accommodations

None

Emergency Contact Name: Relationship: Additional Comments

Cell Phone

Alt Phone:

Providing Jurisdiction Information

Providing Jurisdiction Name: San Francisco

24 Hour Phone Number: EMMA Coordinator /

Name:

PRIMARY Point of Contact

Elizabeth Bessman

San Francisco - OP AREA -LOG Resources (EF-07)

Phone: 415-676-9881

E-Mail:

Phone:

E-Mail:

Alt Phone:

Fax:

Alternate Point of Contact (Optional):

Position / Title:

Position / Title:

Alt Phone:

Fax:

EMMA Resource Candidate

☑ This Candidate has been Accepted.

Grace Gatpandan

Cell:

Alt Phone:

E-Mail: grace.v.gatpandan@sfgov.org Available for the period specified in the corresponding EMMA Form 1A?

Able to perform requested

tasks?

Name:

Yes

4 hours

Security Clearance (If applicable)?

Equipment needed for deployment is available?

Experience / EOC Position

Credentials:

Yes

Has been made aware of the expected working conditions?

Special Skills / Certifications / Licenses:

Originating Location (City

and County):

Estimated travel time to

check-in location: Special accommodations

required:

Emergency Contact Name:

Relationship:

Additional Comments

Martinez CA, Contra Costa County

Cell Phone:

Alt Phone:

Providing Jurisdiction Information

Providing Jurisdiction Name: Solano 24 Hour Phone Number:

(707) 688-3399

EMMA Coordinator / PRIMARY Point of Contact

Don Ryan

Name:

Position / Title:

Solano - OP AREA - LOG

Section Chief

Phone: 7077841600

Alt Phone: (707) 784-1616

Fax: (707) 421-6383

E-Mail: dlryan@solanocounty.com

Alternate Point of Contact

(Optional):

Position / Title:

Fax:

Phone: E-Mail: Alt Phone:

EMMA Resource Candidate

Daniel C. Pratt

Name:

Cell: (707) 260-4570

Alt Phone:

E-Mail: dcpratt@solanocounty.com Available for the period specified in the corresponding EMMA Form 1A?

Able to perform requested tasks?

Equipment needed for deployment is available? Experience / EOC Position Yes Yes Security Clearance (If applicable)?

Has been made aware of the expected Yes working conditions?

Credentials: Special Skills / Certifications / Licenses: Originating Location (City and County):

Estimated travel time to

check-in location: Special accommodations

required:

Emergency Contact Name:

Fairfield, Solano County 3 Hours

None

Relationship:

Cell Phone:

Alt Phone:

Additional Comments

Can provide support until midnight Nov 21, 2018. Candidate is ready to deploy and has extensive experience in austere locations. OA will look for replacement if needed after Nov 21. OA EM would like him to deploy for outside the county experience. He is a very effective PIO for the county and is well versed in social media. You want this PIO.

Back

Originated by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Originated date: 11/12/2018 17:44:43

Last Edited by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Last Edited date: 11/13/2018 19:23:06